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Application Number: 09/845,751

Filing Date: 4/30/2001

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Hoder the Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMR control number Complete if Known Effective on 12/08/2004. pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). RECEIVE Application Number 09/845,751 FEE TRANSMI CENTRAL FAX CEN 4/30/2001 Filing Date For FY 2005 Bernhard J. Scholz First Named Inventor FEB 0 8 2006 **CEŞAR B PAULA** Examiner Name Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2178 TOTAL AMOUNT OF PAYMENT (\$) 1,070.00 GE1 - 004US Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card None Other (please identify): Money Order 12-0769 Lee & Hayes, PLLC Deposit Account Deposit Account Number:_ Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES EXAMINATION FEES **SEARCH FEES** Small Entity **Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fec (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 Utility 150 500 250 200 100 200 100 100 130 Design 50 65 Plant 200 100 300 150 Ŕ٨ 160 300 Reissue 150 500 250 600 300 Provisional 200 100 2. EXCESS CLAIM FEES Small Entity Fee (\$) Foo Description Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 100 200 180 Multiple dependent claims 360 Total Claims Multiple Dependent Claims Extra Claims Fee (\$) - 20 or HP = 50 Fee Paid (\$) Foc (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Foo (\$) Fee Paid (\$) - 3 cr HP = 200 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) -100 =/ 50 = _ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Notice of Appeal (\$500); Extension of Time (\$1020 - (\$450) = \$570) 1.070 SUBMITTED BY Registration No. Telephone (509) 324-9256 Signature Name (Print/Type) Alian T. Sponseller

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commands on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

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